

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

01/25/2005 SNAJARRO 00000106 10521465

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP

05/24/2005 FSNITH 00000001 10521465

01 FC:1642	400.00 OP
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02 FC:1632	-500.00 OP
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Refund Ref: 0030022157  
05/24/2005

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1007

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # <u>10/521405</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>			7 TOTAL AMOUNT OF REFUND							
			\$ 100							
8 TO BE REFUNDED BY:										
10 REASON:		<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				--				
		--								
<input type="checkbox"/> No Fee Due (Explanation):										
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>										
02 F01632 -500.00 00										
<i>Credit Card Refund</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Frederick Smith</u>		TITLE: _____								
SIGNATURE: _____		PHONE: _____								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*